

**COMMITTEE ON DENTAL AUXILIARIES**

# **STRATEGIC PLAN**

**Revised April, 2005**

**Revised: November, 2001**

**Revised: March, 2000**

**Revised: January, 1999**

**Revised: May, 1998**

**First Issued: May, 1997**

## TABLE OF CONTENTS

<b>Mission Statement.....</b>	<b>1</b>
<b>Principles.....</b>	<b>1</b>
<b>Vision.....</b>	<b>1</b>
<b>Organizational Overview and History.....</b>	<b>1</b>
<b>Key Goals.....</b>	<b>4</b>
<b>Goals and Objectives.....</b>	<b>5</b>
<b>Monitoring and Tracking.....</b>	<b>19</b>
<b>Resource Assumptions.....</b>	<b>19</b>
<b>Table of Scheduled Action Plan Dates.....</b>	<b>20</b>

## **COMMITTEE ON DENTAL AUXILIARIES (COMDA) STRATEGIC PLAN**

The Committee on Dental Auxiliaries (COMDA), has adopted this Strategic Plan so that resources and focus can be directed at fulfilling its mission of protecting consumers and assuring access to quality dental care by all Californians in a cost-effective manner. COMDA views its Plan as a "living" guide for the subsequent five years, which will be re-evaluated annually.

### **MISSION STATEMENT**

The mission of COMDA is to protect the public health, safety, and welfare through the examination of dental auxiliary professionals, and by promoting their full utilization in order to meet the dental care needs of all the state's citizens, under the jurisdiction of the Dental Board of California.

### **PRINCIPLES**

COMDA embraces the following principles:

- All of California's citizens should have access to quality dental care to preserve and restore their health.
- Full utilization of dental auxiliaries significantly assists in increasing access to quality dental care.
- Full utilization of dental auxiliaries is assisted by the existence of an accessible, viable career ladder.
- State agencies must be flexible, responsive, cost-effective, and the least intrusive possible consistent with protecting the public health, safety, and welfare.

### **VISION**

COMDA's vision is to be a flexible, responsive, and cost-effective agency dedicated to assuring the highest level of consumer protection possible, without undue restrictions on the dental community, and to assuring access to quality dental care by all Californians through the full utilization of dental auxiliaries.

### **ORGANIZATIONAL OVERVIEW AND HISTORY**

In creating the Committee on Dental Auxiliaries (COMDA) in 1974, the Legislature intended to permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens. Full utilization of auxiliaries is realized when all possible duties are delegated to auxiliaries, consistent with the protection of the public health and safety, so that services are accessible to as many Californians as possible.

The Legislature also mandated that a career ladder be established, permitting the continual advancement of auxiliaries without repeating training for skills already acquired.

In addition, COMDA is statutorily charged with qualifying, examining, and licensing dental auxiliaries for the Dental Board of California.

COMDA is comprised of nine members appointed by the Governor. It has a staff of nine (9) and an annual budget of about \$1.7 million. Currently, approximately 49,000 auxiliaries are licensed in California, compared to 41,000 in 1998.

Annually, COMDA (1) administers 4,000 written examinations and 4,300 hands-on practical and clinical examinations; (2) issues about 2,500 new licenses; (3) processes the renewals of 24,000 licenses; and (4) evaluates new and existing auxiliary educational programs. The following five categories of dental auxiliaries are licensed and regulated:

- Registered Dental Assistants (RDAs)
- Registered Dental Assistants in Extended Functions (RDAEFs)
- Registered Dental Hygienists (RDHs)
- Registered Dental Hygienists in Extended Functions (RDHEFs)
- Registered Dental Hygienists in Alternative Practice (RDHAPs)

### **1996-97**

In 1996 and 1997, the necessity for and effectiveness of COMDA was evaluated by the Department of Consumer Affairs and the Joint Legislative Sunset Review Committee under California's Sunset laws. The resulting recommendation in early 1997 was that COMDA be retained, and that the duties historically delegated to it by the Dental Board of California be placed into statute, which became effective January 1, 1998.

### **2000-01**

During the 2000-2001 sunset review process, the Joint Legislative Sunset Review Committee determined that COMDA's sunset date should be extended, and agreed with COMDA's recommendations that (1) the statutory requirement that it meet in Sacramento and Los Angeles once per year be eliminated, (2) the experience requirement for RDAs be reduced from 18 to 12 months, and (3) all existing RDAs and future RDA applicants be required to complete courses in radiation safety and coronal polishing as a condition of licensure.

SB 26 (Figueroa), Chapter 615, Statutes of 2001, mandated that an independent consultant conduct a review of the scope of practice for dental auxiliaries and the findings and recommendations of the study shall be submitted to the Legislature by September 1, 2002. The consultant's recommendations included the following:

- Establishing the scope of practice for dental auxiliaries in code. Delineate occupational definitions and practice parameters in terms of position, responsibilities, and services rather than the current regulatory approach specifying finite tasks and duties.
- Revising supervision standards to afford licensed dentists wider discretion to assess the knowledge, skills, and abilities of each auxiliary member employed and deploy their services

in a manner consistent with regulation, as appropriate, and in the best interests of the patient;

- Requiring non-credentialed dental assistants to complete basic coursework in infection control and patient safety;
- Broadening the scope of practice for the Registered Dental Assistant (RDA) by establishing a more “non-permissive” or open structure. Allow the dentist to delegate and set the supervision level for each activity based upon his or her assessment of the knowledge and competency of the RDA;
- Establishing modularized certification courses for RDAs that lead to RDAEF licensure, or allow the individual to perform specific advanced tasks or attain additional competency in a specialty area, such as orthodontics;
- Revisiting the requirements that RDAEF programs be offered only at dental schools and allowing programs to be provided at community colleges, through extension programs, proprietary dental assisting or hygiene schools, or other appropriate educational institutions;
- Expanding the scope of practice for RDAEFs to include amalgam and composite restorations;
- Allowing dentists to obtain waivers from the restriction of employing a maximum of two RDAEFs;
- Broadening the scope of practice for RDHs by establishing an open regulatory structure and allowing dentists the discretion to determine the level of supervision appropriate;
- Revisiting the relevance of the expanded function RDH;
- Fully implementing the laws establishing the “alternative practice” RDH by facilitating the development and availability of educational programs for licensure;
- Allowing RDHAPs to supervise, in a limited capacity, RDAs and RDAEFs in the public health arena.

### **2002-2004**

COMDA was again subject to sunset review in 2002-2003, which did not result in any recommendations or changes.

However, in keeping with the recommendations from the prior sunset review process, the Dental Assistant Alliance and the California Dental Association co-sponsored SB1546 (Figueroa – effective January 1, 2005), which substantially changes the regulation of dental assistants beginning January 1, 2007, by (1) requiring unlicensed dental assistant to take certain educational courses; (2) establishing three categories of specialty dental assistants (orthodontic, surgery, and restorative); (3) eliminating the RDA written and practical examinations; and (4) expanding the duties that RDAEFs are allowed to perform, including the placement of certain permanent fillings.

## KEY GOALS

COMDA intends to focus its efforts and resources on achieving the following goals in order to accomplish its Mission and Vision:

- #1 Support the imposition of the least restrictive form of regulation necessary without compromising the public health, safety, or welfare.
- #2 Administer accessible, fair, and valid examination and licensing processes.
- #3 Assist the Board in its consumer protection and enforcement efforts.
- #4 Foster the accessibility of dental health care by supporting scopes of practice and supervision levels which allow the most effective utilization of dental auxiliaries.
- #5 Support efforts to educate consumers in order to improve their dental health.
- #6 Develop and maintain the most flexible, responsive, and cost-effective organizational structure possible.

## **Goal #1**

**SUPPORT THE IMPOSITION OF THE LEAST RESTRICTIVE FORM OF REGULATION NECESSARY WITHOUT COMPROMISING THE HEALTH, SAFETY, OR WELFARE OF THE PUBLIC.**

**Objective #1: Assure that the educational, experience, and examination requirements for each license category are necessary and, if so, appropriate in content and length.**

### **History of Goal Achievement:**

a. RDA COMDA recommended in 1998 that legislation be pursued to allow out-of-state experience as qualifying experience for RDA licensure applicants, a change that became effective January 1, 2000.

In addition, COMDA recommended in 2000 that the 18 months of work experience for RDAs be reduced to 12 months (which became effective in 2001) and that all new applicants and existing RDAs be required to take courses in radiation safety and coronal polishing as a condition of licensure, changes that became effective January 1, 2002 (SB134).

SB1546, which became effective January 1, 2005, will substantially change the dental assistant licensing structure beginning January 1, 2007. It also eliminates the RDA practical and written examinations.

b. EF SB1546, effective January 1, 2005, codifies the experience and examination requirements for EFs beginning on January 1, 2007.

There is no experience requirement for EFs, and the necessity of the educational requirement has not been explored.

c. RDH Effective January 1, 2003, RDHs licensed in other states were able to apply for "licensure by credential" (AB2818). AB539, effective January 1, 2004, allows 3<sup>rd</sup> and 4<sup>th</sup> year California dental students to apply for RDH licensure. Beginning January 1, 2005, RDH applicants began being required to complete examinations in California Law and in Ethics, as the result of both legislative and regulatory changes.

There is no experience requirements for RDHs, and the necessity of the educational requirement has not been explored since it follows a national standard and therefore increases mobility.

d. RDHAP In 2003, the regulatory requirement that RDHAP educational programs be affiliated with a dental school was removed. Beginning in 2004, RDHAP applicants were required to complete only examinations in California Law and Ethics, rather than a more comprehensive examination previously required by regulation.

### **Action Plan to Continue Goal Achievement:**

In view of the substantial legislative activity that has occurred in the last two years addressing this objective, it is premature to establish an action plan in this area until such legislation has been fully implemented.

**Objective #2: Assure that the mechanisms to ensure that new and previously-approved educational programs meet the requirements for initial or continued approval are necessary and adequate to protect the public, by December 31, 2007.**

**History of Goal Achievement:**

Beginning in 1995, COMDA developed extensive revised proposed regulations governing RDA educational programs, to assure that they were clear, concise, and protective of the public. Technical difficulties with the rationale for portions of the regulations resulted in withdrawal of the regulations from OAL twice, the last time in 1998. The regulations, with minor changes, were again approved for regulatory hearing in May, 2001, and became effective in May, 2003.

In 2004, changes to the regulations governing radiation safety programs were proposed, to reflect current technology and eliminate the requirement that a site visit is necessary prior to approval of an applicant program. Changes to the regulations were adopted by the Board in November, 2004, and are currently undergoing review by the Department.

In 2004, new regulations were proposed to govern the approval of pit and fissure sealant courses, a duty which RDAs could begin performing on January 1, 2005, in certain settings. The regulations became effective in May, 2005.

In 2004, new regulation were proposed to formalize the guidelines that have historically governed the approval of both coronal polishing and ultrasonic scaling courses. The ultrasonic scaling course regulation was approved by OAL in July, 2005, while the coronal polishing regulation is still under review.

In January, 2005, COMDA determined that it needed to establish a subcommittee to update course evaluation documents, expand the number of consultants who review applications for approval, and formalize the training of such consultants.

During the first half of 2005, draft regulations were drafted to specify the requirements that courses must meet to obtain Board approval to offer educational courses which must be completed to become a Registered Orthodontic Assistant, Registered Surgery Assistant, and Registered Restorative Assistant, three new licensed categories established by SB1546 of 2004.

**Action Plan to Continue Goal Achievement:**

- a. By November 30, 2005, propose changes to the regulations that govern RDA educational programs to implement SB1546.
- b. By December 31, 2005, finalize application and evaluation documents that COMDA's educational consultants utilize to conduct their evaluations of all courses and programs applying for Board approval to assure that they reflect current regulations and that all consultants conduct their evaluations in a consistent manner.
- c. By December 31, 2005, recruit new educational consultants to assist COMDA in its evaluation efforts, both of applicants for existing courses and for new courses established by SB1546.
- d. By June 30, 2006, publish regulations governing RDA educational programs and specialty programs to implement SB1546.
- e. By June 30, 2006, convene a meeting of existing educational consultants to finalize the



application and evaluation documents, and to design a training program for existing and new educational consultants.

f. By September 30, 2006, conduct an annual training session of all educational consultants, and conduct a training session every year thereafter.

g. By September 30, 2006, determine what processes and resources are necessary to evaluate every course and program within 2 to 3 years following the date of initial approval, and every two to three years thereafter.

h. By December 31, 2006, survey educators to determine their perspectives with regard to additional ways in which RDA educational program oversight efforts can be improved.

## **Goal #2**

### **ADMINISTER ACCESSIBLE, FAIR, AND VALID EXAMINATION AND LICENSING PROCESSES.**

**Objective #1: Assure that the application forms require only information and documents legally required, and are easy to understand, complete, and file, by December 31, 2008.**

#### **History of Goal Achievement:**

In 1998, the RDA application instructions were altered to make them easier to understand, and less overwhelming in terms of information (applicants now receive a set of instructions with their application regarding completion of the application, and a separate set of instructions about the actual content of the examination when their applications are accepted). It has been determined that forms require only information and documents that are legally required.

To make the process even simpler, applications and instructions were revised in early 2000 for the transition to a computerized written exam, whereby applicants apply to COMDA for both the practical and written exams, instead of sending a separate application to the written examination vendor.

RDH and EF application instructions were also significantly altered in 1998 and 1999 to make them easier to understand, and it has been determined that the forms require only documents and information that are legally required.

Beginning in 2000, applications for each examination, as well as examination instructions, were available for download and/or printing from COMDA's website.

Application forms and instructions were also developed for persons applying for RDHAP licensure, applying for RDH Licensure by Credential, and in 2005 for 3<sup>rd</sup> and 4<sup>th</sup> year dental students applying for RDH licensure.

#### **Action Plan to Continue Goal Achievement:**

a. By December 31, 2008, implement a system whereby applicants can file applications electronically.

**Objective #2: Assure that the length of filing periods and processing periods assure the most timely access by applicants to licensure as possible, by December 31, 2007.**

**History of Goal Achievement:**

Surveys of candidates which began in early 1997-98 and continuing through 2000 indicated very high levels of candidate satisfaction with the length of the filing period (among the various categories, from 87% to 98% felt the open filing period to be of sufficient length). Surveys were discontinued because of the need to direct staff resources elsewhere.

In FY97-98, COMDA finalized and maximized implementation of the Department's computerized Applicant Tracking System (ATS) in an attempt to assure that applicants receive the most timely notice of examination and licensure possible.

Beginning in 1999, exam, scheduling notices were sent 3-1/2 to 4 weeks prior to the exams rather than 7 to 10 days, and they are currently sent 4 weeks prior to the exam.

Beginning in 2001, regulations were changed to require all applicants to complete their education requirements 30 days prior to the exam, rather than just 15 days, in order to assure sufficient processing time and timely distribution of scheduling notices to candidates.

Examination results in fiscal year 99-00 were issued to RDA candidates within 11 days after the last exam, while they are currently issued from 10-25 days after the exam depending on candidate volume and problems with the computerized Applicant Tracking System (ATS). In FY99-00, results were issued to RDH candidates within 19 days, while it is not taking 26-30 days because of problems integrating the Law and Ethics examination results with ATS. In FY99-00, results were issued to EF candidates within 3 days, while they are now issued within 7 days.

In the past, results of each examination have been withheld from candidates until the last examination in a cycle had been completed, so that candidates are not motivated to demand that they be allowed to take the first exam in each cycle, which is obviously not possible. Beginning in 2004, this process was abandoned, and the results of each examination weekend are issued as soon as they are completed. However, there are often delays in the issuance of results due to problems with the Department's computerized Applicant Tracking System (ATS). This is particularly true with the recent introduction of the Law and Ethics Examinations for RDH and RDHAP applicants.

A major obstacle to the timely issuance of actual licenses, as opposed to examination results, are the DOJ and FBI fingerprint clearance requirements. Electronic fingerprinting was implemented in 2000; however, it is unknown how this has affected license issuance times, since COMDA is no longer aware of the dates on which each candidate has had his or her fingerprints taken.

**Action Plan to Continue Goal Achievement:**

a. By June 30, 2007, analyze internal processes to determine methods by which the time periods can be reduced for the issuance of examination results and licenses.

**Objective #3: Assure that the dates and locations of exams provide the most timely access by applicants possible, by December 31, 2009.**

**History of Goal Achievement:**

The RDA Practical Examination was expanded in 1994 from two to three examinations cycles annually, held on approximately 40 days per year. Beginning in 2001, the exams began to be given on a monthly basis, alternating each month between the North and South parts of the state. However, in 2003, it was determined that such a system was inefficient, in that many exam slots remained opened, costs were extremely high, and failing candidates actually had to wait longer to re-apply. The examination is now given 4 times per year in both the North and the South.

Beginning in April, 2001, COMDA achieved its goal of administering the RDA written examination in a computerized format, allowing candidates to take the examination at their convenience.

The provisions of SB1546 (statutes of 2004) will eliminate the RDA written and practical examinations in 2007.

The RDH Examination Subcommittee began considering in 1999 whether increasing numbers of candidates and fluctuating graduation dates would justify the expense of adding a third examination to the two cycles that have historically been administered. The locations of exams are limited due to the need to hold them in dental schools.

In late 1999, COMDA approved the addition of needed examination dates. One additional day of exams began to be administered in June, 2000. Upon passage of AB539, allowing 3<sup>rd</sup> and 4<sup>th</sup> year dental students to apply for RDH examination, an additional examination in March was added in 2005, and additional days will be added to other examination cycles if sufficient AB539 applicants apply. As of the date of this report, no 3<sup>rd</sup> or 4<sup>th</sup> year dental students have applied for RDH examination and licensure.

The EF examination is given twice yearly, with a directive from the Board that the second examination can only be held if there are 10 or more applicants. At this point, there are no plans to add a third examination cycle, since, for example, only 70 candidates were examined in December, 2004, and January, 2005, and 32 in March, 2005. The needs in this area may change depending on whether increased numbers apply for EF licensure after the provisions of SB1546 become effective on January 1, 2007, when EF duties will be significantly expanded.

In addition to funding constraints, decisions about increasing the frequency of any of the examinations will be impacted by the need for weekend examination dates in order to secure facilities and examiners, and in response to candidate preferences (from 96% to 98% prefer weekends)

**Action Plan to Continue Goal Achievement:**

Applicant demands do not dictate the addition of examination dates at this time.

**Objective #4: Assure that the examinations are valid, relevant, and reliable, by June 30, 2009.**

**History of Goal Achievement:**

a. RDA Practical Exam. An Occupational Analysis of RDAs was conducted in 1993, and the results analyzed in 1994 and 1995 to assess the relevance of the RDA examinations, and determine whether RDAs should be allowed to perform additional duties. In 1998, COMDA recommended that the RDA Practical Exam be eliminated, which resulted in a November, 1998, directive from the Board that the exam be revised to increase its validity.

The RDA Practical Examination Subcommittee was directed by COMDA to study these issues, and to make its recommendations to COMDA. The Subcommittee recommended that the practical examination include testing of the fabrication of a temporary crown, since a prior occupational analysis showed that it was one of the most frequently performed procedures, and testing of placement of a temporary restoration, one of the few general-supervision RDA duties. This recommendation was adopted by COMDA and the Board, and implemented in January, 2001, and no discernable change occurred to the pass rates.

COMDA began another occupational analysis of RDAs in 2001. The analysis was conducted in 2003-2004, and a report issued by OER in 2005.

The provisions of SB1546 (statutes of 2004) eliminate the practical examination beginning in 2007.

b. RDA Written Exam. The content of the written examination was revised in 1995 based on the occupational analysis conducted in 1993, to assure job-relatedness and focus on RDA duties and safety issues rather than unregulated dental assistant duties. The examination is continually revised by the RDA Written Test Construction Subcommittee in concert with COMDA's written test vendor, which also continually monitor its validity.

The provisions of SB1546 (statutes of 2004) eliminate the written examination beginning in 2007.

c. EF Clinical Exam. In 1995, COMDA recommended, and the Board successfully pursued, a regulatory change to eliminate the endodontic portion of the EF examination, which resulted in higher examination relevance because surveys showed that this duty was rarely performed in practice. In late 1998, COMDA recommended, and the Board successfully pursued, a regulatory change to the EF examination requirements to more clearly define patient acceptability for exam candidates.

COMDA conducted an occupational analysis of EFs in 1999 and used the results of that analysis to validate the EF clinical examination, without any changes. No further analysis should be conducted until the new exam, dictated by SB1546, has been constructed and operative for several years.

d. RDH Clinical Exam. In 1998, COMDA recommended and the Board successfully pursued a regulatory change to allow RDH candidates to use ultrasonic devices for scaling during the RDH clinical examination, which more accurately reflects methods used in practice.

In late 1999, COMDA and the Board approved the RDH Examination Subcommittee's recommendation that the clinical exam grading system be revised to assure that candidates

presenting patients with heavy calculus are not unnecessarily penalized compared to those that present patients with light calculus. This change was implemented during the Summer, 2000, examinations.

COMDA conducted an occupational analysis of RDHs in 1999 and used the results of that analysis to validate the RDH clinical examination, which resulted in no changes to the examination.

e. RDH Written Exam. In mid-2001, COMDA directed a subcommittee to develop a Law and Ethics examination for RDHs. (It was previously determined that there is no need for a Law and Ethics exam for RDAs, since the current written exam contains a law component, nor for EFs, who must first be licensed as either a RDA or RDH.) The Law and Ethics was first administered in March, 2005, and is given at the clinical test sites.

f. RDHAP Written Exam. COMDA's RDHAP Examination Subcommittee began development of a written examination for the new RDHAP category of licensure. Its recommended written outline, on which exam questions will be based, was approved by COMDA and the Board in late 1999, and a proposed exam developed in 2000. The examination was finalized and the first examination administered in August, 2003, after the first educational program received Board approval.

A regulatory change became effective in 2004 which required RDHAP applicants to complete examinations only in California Law and in Ethics, rather than a more comprehensive examination previously required by regulation.

#### **Action Plan to Continue Goal Achievement:**

- a. By December 31, 2006, determine the cost and feasibility of requiring that RDH applicants complete the examinations in California Law and Ethics at computer test centers.
- b. By December 31, 2006, determine the cost and feasibility of requiring that RDHAP applicants complete the examinations in California Law and Ethics at computer test centers.
- c. By June 30, 2008, complete an occupational analysis of RDH practitioners if a need to do so is determined by June 30, 2007, in view of the fact that the practice of dental hygiene is fairly static as it related to the validity of the clinical examination.
- d. By June 30, 2009, determine the need for an occupational analysis of EFs in view of the fact that the new exam would have just been introduced in 2007.

<b><u>Objective #5:</u> Assure that the manner in which practical/clinical examiners are trained, calibrated, and evaluated are efficient and assure at least the minimum competence of applicants, by December 31, 2007.</b>
---

#### **History of Goal Achievement:**

The training, calibration, and evaluation of examiners has been an ongoing process, to which significant resources have been consistently devoted.

RDA Examiners attend an annual orientation training session, and participate in concentrated training before and during each examination. The RDA practical examination will be eliminated in 2007.

RDH Examiners are required to attend a full day orientation session prior to the first examination

each year, as well as partial-day training sessions prior to each examination cycle. They are also required to attend an instrumentation training class every other year.

EF examiners participate in concentrated training before and during each examination.

**Action Plan to Continue Goal Achievement:**

- a. By December 31, 2007, develop a formal method of measuring and reporting RDH examiner calibration statistics.
- b. By December 31, 2007, develop a formal method of measuring and reporting EF examiner calibration statistics.

<b>Objective #6: Assure that the practical and clinical examination processes are secure, efficient, and the least stressful to all parties as possible, by June 30, 2008.</b>
--

**History of Goal Achievement:**

Candidates began to be surveyed in early 1997-98, and continuing through 2000, as to their satisfaction with the efficiency and stress levels of the examinations. From 94% to 98% felt the exam process was efficient, and 96% to 100% felt exam personnel are courteous. However, only from 60% to 77% indicated the exam was not unnecessarily stressful. Thus far, staff can only attribute these results to the fact that an examination is inherently stressful, for lack of any other data. Surveys were discontinued because of the need to direct staff resources elsewhere.

Efficiency of the examination processes has been a high priority for staff, and many changes have been implemented, such as:

- a. RDA Written Exam - Transformation has been completed to a shorter computerized exam, whereby candidates are allowed to take the exam at their convenience and of a shorter duration.
- b. RDA Practical Exam - All four procedures began to be tested at once in 1998, and the number of procedures tested were then reduced from four to two in 2001. Candidate written on-site instructions were revised and expanded, gradesheet paperwork was reduced, and the subcommittee began soliciting and hiring additional examiners to shorten grading time.
- c. RDH Clinical Exam - Regulations were amended to allow COMDA to require that candidates provide more than one explorer, on-site written instructions to candidates were developed, the candidate orientation period was significantly reduced, the grading system was changed to expand the available patient pool, and the subcommittee began soliciting additional examiners and recorders to shorten grading time.
- d. EF Clinical Exam - On-site written instructions to candidates were developed, gradesheets were significantly revised, efficiency in patient flow was increased, and the subcommittee began considering adding additional floor examiners for check-in.

**Action Plan to Continue Goal Achievement:**

- a. By June 30, 2008, analyze internal processes to determine methods by which to assure exam administration security, efficiency, and "user-friendliness".

**Objective #7: Assure that the application, examination, renewal, and other fees for each license category reflect only the costs incurred in by the applicable program, by December 31, 2005.**

**History of Goal Achievement:**

In 1997, COMDA conducted a fee analysis which resulted in a reduction of the renewal fee for all licensees from \$30 to \$20 in April, 1998.

In late 1999, it was determined that increased program costs and a previous directive from the Legislature to decrease COMDA's fund reserve would cause a deficit fund in FY02-03. As a result, COMDA recommended and the Board adopted a resolution increasing the 2-year renewal fee from \$20 to \$35 effective April 1, 2000.

In 2000, the fee for the RDA practical exam was increased from \$35 to \$50, and the fee for the RDA written exam was increased from \$45 to \$55 to cover the costs of computerization of the examination, increased facility costs, and other examination-related expenses.

In 2002, the fee for RDHAP licensure was established at \$80.00 and in 2005, the fee for RDH examination and licensure for 3<sup>rd</sup> and 4<sup>th</sup> year dental students was established at \$475.

In 2001, COMDA reviewed the relative costs and expenses of each program and determined fee levels to be appropriate, and did so again in 2004. It was determined at that time that fees would again be reviewed after the close of the FY04/05 budget cycle to determine what adjustments, if any, need to be made.

**Action Plan to Continue Goal Achievement:**

a. By December 31, 2005, analyze the costs of administration of each program and determine what fees, if any, should be adjusted.

**Objective #8: Assure that renewal processing requirements are appropriate, easy to understand, and communicated in a timely manner, and that required forms are simple to complete and file, by June 30, 2007.**

**History of Goal Achievement:**

Currently, renewal notices are issued about 45 days prior to actual license expiration. In late 1999, renewal forms were significantly modified to eliminate any unnecessary information and make them easier to understand. In 2001, the renewal forms were again revised to reduce the number of incorrectly completed renewal forms, to reduce workload and delays in issuing renewed licenses that are rejected by the Department's centralized automated process due to lack of signature, failure to fill in the number of units completed, etc.

In mid-2001, COMDA began sending notices to licenses who were about to reach the 5-year cancellation point so that they have a final opportunity to renew their licenses.

In 2003, COMDA began using the Department's online renewal system, whereby licensees can renew their licenses or request a duplicate license online with a credit card, or can change their address electronically.

**Action Plan to Continue Goal Achievement:**

- a. By June 30, 2007, determine the cost-effectiveness of continuing to use the Department's online renewal system.

**Goal #3:**

**ASSIST THE BOARD IN ITS CONSUMER PROTECTION AND ENFORCEMENT EFFORTS.**

**Objective #1. Develop and distribute newsletters and a laws and regulations to licensees, so that they remain fully informed of the laws and regulations which govern them, by June 30, 2009.**

**History of Goal Achievement:**

In September, 1998, the previous primary objective of issuing a Handbook of laws and regulations affecting auxiliaries was realized, with plans to reprint every two years.

Since the Handbook was not published until September, and due to budget constraints, a new Objective of issuing the first Newsletter by June 30, 1999, instead of December 31, 1998, was established. Instead, COMDA worked with Board staff to issue a joint newsletter to all licensees twice each year, with the first one published in October, 1999. Since that time, COMDA has provided articles for the Board newsletter which has been issued sporadically

COMDA unsuccessfully sought funding to issue an up-to-date version of the Handbook during FY02-03. Since that time, it has made an updated version of the laws and regulations available online or to any interested party at no charge.

**Action Plan to Continue Goal Achievement:**

- a. By December 31, 2007, determine if additional funding should be sought to issue newsletters and/or a revised handbook of laws and regulations.

**Objective #2. Explore the feasibility of hiring enforcement personnel dedicated to auxiliary enforcement priorities to assist the Board in its consumer protection efforts, by June 30, 2009.**

**History of Goal Achievement:**

In 1998, COMDA recommended to the Board that it consider evaluating whether enforcement personnel should be hired and dedicated to auxiliary enforcement issues, funded by COMDA. The Board took the recommendation under advisement but took no action. During 1998 and 1999, the Board successfully pursued legislation to retain most of its investigative personnel.

**Action Plan to Continue Goal Achievement:**

- a. By June 30, 2009, determine whether COMDA should recommend that the Board hire enforcement personnel dedicated to auxiliary enforcement issues.

**Objective #3. Determine the extent and ramifications of unlicensed activity and determine what actions should be taken to reduce such activity, if appropriate, by**



**December 31, 2008.**

**History of Goal Achievement:**

This Objective was added to the Plan in August, 2001, but no resources were available to devote to this objective.

**Action Plan to Continue Goal Achievement:**

- a. By December 31, 2007, establish an Ad Hoc Committee to determine what tasks should be undertaken to research this issue.
- b. By March 31, 2008, compile statistics from RDA examination applicants to determine the extent to which they engaged in unlawful unlicensed activity prior to licensure.
- c. By September 30, 2008, the Ad Hoc Committee will make appropriate recommendations to COMDA.

**Goal #4**

**FOSTER THE ACCESSIBILITY OF DENTAL HEALTH CARE BY SUPPORTING  
SCOPES OF PRACTICE AND SUPERVISION LEVELS WHICH ALLOW THE MOST  
EFFECTIVE UTILIZATION OF DENTAL AUXILIARIES.**

**Objective #1. Assure that the duties that each license category is allowed to perform, the level of supervision required, and the allowed settings, provide for the most effective utilization of auxiliaries.**

**History of Goal Achievement:**

a. RDAs In 1993-95, an occupational analysis of RDAs was performed and analyzed, which resulted in the addition of the taking of bite registrations and the use of light-curing devices as allowable duties. In response to other issues brought to it, COMDA also recommended, and the Board successfully pursued, regulatory changes to allow RDAs to apply bleaching agents and activate bleaching agents with a light-curing device, and to fabricate temporary crowns intra-orally. Legislation effective January 1, 2005, allows RDAs to place pit and fissure sealants in certain clinic settings.

In December, 1999, a COMDA-appointed Task Force began reviewing the duties of DA's, RDAs, and EFs, at the request of the Board in order for it to meet its legal mandate to review DA and RDA duties each 7 years. The Task Force reached its final recommendations in May, 2001, including a large number of proposed new duties for both RDAs and EFs.

SB 26 (Figueroa), Chapter 615, Statutes of 2001, mandated that an independent consultant conduct a review of the scope of practice for dental auxiliaries and the findings and recommendations of the study shall be submitted to the Legislature by September 1, 2002. The consultant's recommendations included placing dental assisting duties into statute, and expanding allowable duties.

SB1546, the provisions of which will be effective January 1, 2007, place RDA duties into statute, expand the duties that they will be allowed to perform, and will allow the dentist to determine the

appropriate level of supervision.

b. RDHs An occupational analysis of RDHs was completed in 1999, to determine the appropriateness of duties and supervision levels.

COMDA also recommended that the Board allow RDHs to subgingivally place medicaments which do not later have to be removed, which the Board rejected. The Board later implemented a regulatory change which allows RDHs to place antimicrobial and/or antibiotic liquid solutions subgingivally, and approved pursuit of a regulatory change to allow them to place such antimicrobial and antibiotic medicaments which do not later have to be removed, under direct supervision.

In 2002 and 2003, legislation became effective which placed the RDH scope of practice into statute, which eliminated the need for further regulation in this area.

In 2005, COMDA recommended to the Board that is support COMDA's effort to legislatively change the requirement that an RDHAP only perform duties as authorized by a prescription from a dentist or a doctor be removed, with which the Board ultimately agreed. AB1334 was introduced by the CDHA in 2005 to eliminate the prescription requirement.

c. EFs An occupational analysis of EFs was completed in 1999, to determine the appropriateness of duties and supervision levels.

As a result, COMDA recommended to the Board that EFs be allowed to perform several additional duties, including the removal of excess cement subgingivally, the application of etchant for bonding restorative materials, and the placement of amalgam and composite fillings, under direct supervision. The Board accepted COMDA's recommendations regarding removal of excess cement and bonding, but rejected its recommendations regarding amalgam and composite fillings.

In December, 1999, a COMDA-appointed Task Force began reviewing the duties of DA's, RDAs, and EFs, at the request of the Board in order for it to meet its legal mandate to review DA and RDA duties each 7 years. The Task Force reached its final recommendations in May, 2001, including a large number of proposed new duties for both RDAs and EFs.

SB 26 (Figueroa), Chapter 615, Statutes of 2001, mandated that an independent consultant conduct a review of the scope of practice for dental auxiliaries and the findings and recommendations of the study shall be submitted to the Legislature by September 1, 2002. The consultant's recommendations included placing dental assisting duties into statute, and expanding allowable duties.

SB1546, the provisions of which will be effective January 1, 2007, place EF duties into statute and expand the duties that they will be allowed to perform including certain permanent fillings.

**Action Plan to Continue Goal Achievement:**

Until the provisions of SB1546 are fully implemented, it would be premature to establish an action plan at this time.

**Goal #5**

**SUPPORT EFFORTS TO EDUCATE CONSUMERS IN ORDER TO IMPROVE THEIR DENTAL HEALTH**

**Objective #1: Add consumer information to COMDA's website.**

**History of Goal Achievement:**

In 1998, COMDA completed its previous Objective of asking the Board how it could help the Board in its consumer education efforts, including the addition of consumer information to COMDA's website. The Board did not provide any feedback on the ways in which COMDA could provide such assistance.

COMDA determined during 1999 that it had placed as much consumer information on its website as possible without further direction from the Board.

**Action Plan to Continue Goal Achievement:**

- a. Due to COMDA's limited involvement in this area, there is no action plan at this point in time.

**Goal #6**

**DEVELOP AND MAINTAIN THE MOST FLEXIBLE, RESPONSIVE, AND COST-EFFECTIVE ORGANIZATIONAL STRUCTURE POSSIBLE.**

**Objective #1: Increase and update program automation to improve customer service, by June 30, 2008.**

**History of Goal Achievement:**

COMDA established a plan for Y2K compliance by June 30, 1999, and transitioned to the Year 2000 with no known problems. This included transition of the radiation safety certificate database to a Y2K compliant database. COMDA also developed a comprehensive Business Continuity Plan to be used for recovery in the event of a disaster. An automated telephone system was installed in mid-1997, but has not yet been programmed and/or retrofitted to retrieve such statistics as busy signals, hold times, etc.

In 1998, COMDA deployed a website and completed its connection to the Howe Avenue Lan, and Department of Consumer Affairs network. Since that time, the has been continually expanded and updated, including a copy of the laws and regulations which is amended as soon as any legislative or regulatory changes become effective. In 2001, a feature allowing the public to check on the status of a license became available via COMDA's website.

**Action Plan to Continue Goal Achievement:**

- a. By June 30, 2008, install and monitor a telephone system that will track busy signals, hold times, and other indicators to determine if additional resources are needed to improve telephone customer service.
- b. By December 31, 2007, integrate the radiation safety certificate database with the CAS system, so that this "license" information is a part of the primary license database, and the public can access such information on the internet.

**Objective #2: Assure that meaningful workload statistics are collected and compiled by June 30, 2006.**

**History of Goal Achievement:**

COMDA collects certain workload data on a monthly basis, but not all workload is captured. Collection of such data is imperative if COMDA wishes to seek additional staffing resources in the future.

**Action Plan to Continue Goal Achievement:**

- a. By June 30, 2006, establish a management information system that collects all workload data.

**Objective #3: Assure that the written policies and procedures for all personnel, computer, and system processes are current and thorough, by December 31, 2008.**

**History of Goal Achievement:**

Written procedure manuals now exist for all examination, licensing, and cashiering functions, and personnel, procurement and other administrative operational functions.

**Action Plan to Continue Goal Achievement:**

- a. By December 31, 2008, assure that the written policies and procedures for all examination, licensing, cashiering functions, and RDA educational program functions, and all personnel, procurement and other administrative operational functions, are current and thorough.

## **MONITORING AND TRACKING**

Monitoring and tracking the achievement of goals will be performed through an annual review by COMDA of progress toward the achievement of the stated Goals and Objectives.

## **RESOURCE ASSUMPTIONS**

COMDA intends to achieve the majority of its goals within existing resources, by continuing to identify and implement program efficiencies as it has done during the last four years.

However, it will be necessary to receive an augmentation of funds periodically to conduct occupational analysis and related examination validity studies, to increase the frequency of examinations, and to implement sophisticated computer systems to allow applicants and licensees to electronically access and update their files.

**TABLE OF SCHEDULED ACTION PLAN DATES (8/05)**

<b>ACTION</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Goal #1 SUPPORT THE IMPOSITION OF THE LEAST RESTRICTIVE FORM OF REGULATION NECESSARY WITHOUT COMPROMISING THE HEALTH, SAFETY, OR WELFARE OF THE PUBLIC.</b>					
<b>Objective #1: Assure that the educational, experience, and examination requirements for each license category are necessary and, if so, appropriate in content and length.</b>					
No action plan at this time in view of recent legislation that needs to be implemented.					
<b>Objective #2: Assure that the mechanisms to ensure that new and previously-approved educational programs meet the requirements for initial or continued approval are necessary and adequate to protect the public.</b>			12/31		
a. Propose changes to the regulations that govern RDA educational programs to implement SB1546.	11/30				
b. Finalize application and evaluation documents that COMDA's educational consultants utilize to conduct their evaluations of all courses and programs applying for Board approval to assure that they reflect current regulations and that all consultants conduct their evaluations in a consistent manner.	12/31				
c. Recruit new educational consultants to assist COMDA in its evaluation efforts, both of applicants for existing courses and for new courses established by SB1546.	12/31				
d. Publish regulations governing RDA educational programs and specialty programs to implement SB1546.		6/30			
e. Convene a meeting of existing educational consultants to finalize the application and evaluation documents, and to design a training program for existing and new educational consultants.		6/30			
f. Conduct an annual training session of all educational consultants, and conduct a training session every year thereafter.		9/30			
g. Determine what processes and resources are necessary to evaluate every course and program within 2 to 3 years following the date of initial approval, and every two to three years thereafter.		9/30			
h. Survey educators to determine their perspectives with			12/31		

regard to additional ways in which RDA educational program oversight efforts can be improved.					
<b>ACTION</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Goal #2: ADMINISTER ACCESSIBLE, FAIR, AND VALID EXAMINATION AND LICENSING PROCESSES.</b>					
<b>Objective #1: Assure that the application forms require only information and documents legally required, and are easy to understand, complete, and file.</b>					
a. Implement a system whereby applicants can file applicants electronically.				12/31	
<b>Objective #2: Assure that the length of filing periods and processing periods assure the most timely access by applicants to licensure as possible.</b>					
a. Analyze internal processes to determine methods by which the time periods can be reduced.			6/30		
<b>Objective #3: Assure that the dates and locations of exams provide the most timely access by applicants possible.</b>					
Applicant demands do not dictate an action plan at this time.					
<b>Objective #4: Assure that the examinations are valid, relevant, and reliable.</b>					
a. Determine the cost and feasibility of requiring that RDH applicants complete the examinations in California Law and Ethics at computer test centers.		12/31			
b. Determine the cost and feasibility of requiring that RDHAP applicants complete the examinations in California Law and Ethics at computer test centers.		12/31			
c. Complete an occupational analysis of RDH practitioners if a need to do so is determined by June 30, 2007, in view of the fact that the practice of dental hygiene is fairly static as it related to the validity of the clinical examination.				6/30	
d. Determine the need for an occupational analysis of EFs in view of the fact that the new exam would have just been introduced in 2007.					6/30
<b>Objective #5: Assure that the manner in which practical/clinical examiners are trained, calibrated, and evaluated are efficient and assure the minimum competence of applicants.</b>					
a. Develop a formal method of measuring RDH examiner calibration statistics.			12/31		
b. Develop a formal method of measuring EF examiner			12/31		

calibration statistics.					
<b>Objective #6: Assure that the practical/clinical examination processes are secure, efficient, and the least stressful to all parties as possible.</b>			12/31		
<b>ACTION</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
a. Analyze internal processes to determine methods by which to assure exam administration security, efficiency, and user-friendliness.				6/30	
<b>Objective #7: Assure that the application, examination, renewal, and other fees for each license category reflect only the costs incurred in by the applicable program.</b>					
a. Analyze the costs of administration of each program and determine what fees, if any, should be adjusted.	12/31				
<b>Objective #8. Assure that renewal processing requirements are appropriate, easy to understand, and communicated in a timely manner, and that required forms are simple to complete and file.</b>					
a. Determine the cost-effectiveness of continuing to use the Department's online renewal system.			6/30		
<b>Goal #3: ASSIST THE BOARD IN ITS CONSUMER PROTECTION AND ENFORCEMENT EFFORTS.</b>					
<b>Objective #1. Develop and distribute bi-annual newsletters and a revised Handbook to licensees, so that they remain fully informed of the laws and regulations which govern them.</b>					
a. Determine if additional funding should be sought to issue newsletters and/or a revised handbook of laws and regulations.			12/31		
<b>Objective #2. Explore the feasibility of hiring enforcement personnel dedicated to auxiliary enforcement priorities to assist the Board in its consumer protection efforts.</b>					
a. Determine whether COMDA should recommend that the Board hire enforcement personnel dedicated to auxiliary enforcement issues.					6/30
<b>Objective #3. Determine the extent and ramifications of unlicensed activity and determine what actions should be taken to reduce such activity, if appropriate.</b>					
a. Establish an Ad Hoc Committee to determine what tasks should be undertaken to research this issue.			12/31		
b. Compile statistics from RDA examination applicants to determine the extent to which they engaged in unlawful unlicensed activity prior to licensure.				3/31	
d. The Ad Hoc Committee will make appropriate				9/30	



recommendations to COMDA.					
<b>ACTION</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Goal #4: FOSTER THE ACCESSIBILITY OF DENTAL HEALTH CARE BY SUPPORTING SCOPES OF PRACTICE AND SUPERVISION LEVELS WHICH ALLOW THE MOST EFFECTIVE UTILIZATION OF DENTAL AUXILIARIES.</b>					
Until the provisions of SB1546 are fully implemented, an action plan would be premature.					
<b>Goal #5 SUPPORT EFFORTS TO EDUCATE CONSUMERS IN ORDER TO IMPROVE THEIR DENTAL HEALTH.</b>					
<b>Objective #1: Add consumer information to COMDA=s website.</b>					
Due to COMDA's limited involvement in this area, there is no action plan at this point in time.					
<b>Goal #6 DEVELOP AND MAINTAIN THE MOST FLEXIBLE, RESPONSIVE, AND COST-EFFECTIVE ORGANIZATIONAL STRUCTURE POSSIBLE.</b>					
<b>Objective #1: Increase and update program automation to improve customer service.</b>					
a. Install and monitor a telephone system that will track busy signals, hold times, and other indicators to determine if additional resources are needed to improve telephone customer service.				6/30	
b. Integrate the radiation safety database with CAS, so that all license information is available to the public on the internet.			12/31		
<b>Objective #2. Assure that meaningful workload statistics are collected and compiled.</b>					
a. Establish a management information system that collects all workload data.		6/30			
<b>Objective #3: Assure that written policies and procedures for all personnel, computer, and system processes are current and thorough.</b>					
a. Assure that written policies and procedures for all examination, licensing, cashiering functions, and RDA educational programs, and personnel, procurement and other administrative operational functions are current and thorough.				12/31	